Case: 1:18-cv-01134-WHB Doc #: 9 Filed: 01/08/19 1 of 14. PageID #: 94

J.S. Department of Justice United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

DIT. Tallman NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONSERVED DIT. Tallman AT ADDRESS (Greet or RFD, Apartment Na., City, State and ZIP Code) ADDRESS (Greet or RFD, Apartment Na., City, State and ZIP Code) ADDRESS (Greet or RFD, Apartment Na., City, State and ZIP Code) ADDRESS (Greet or RFD, Apartment Na., City, State and ZIP Code) ADDRESS (Greet or RFD, Apartment Na., City, State and ZIP Code) ADDRESS (Greet or RFD, Apartment Na., City, State and ZIP Code) ADDRESS (Greet or RFD, Apartment Na., City, State and ZIP Code) ADDRESS (Greet or RFD, Apartment Na., City, State and ZIP Code) ADDRESS (Greet or RFD, Apartment Na., City, State and ZIP Code) Number of process to be served with this Form 285 2 Number of parties to be served in this case Check for service on U.S.A. SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresse All Telephone Numbers, and Estimated Times Available for Service): Signature of Attorney other Originator requesting service on behalf of: OF JUNE 10 SERVE OF U.S. MARSHAL ONLY—DO NOT WRITE BELOW THIS LIN. SPACE BELOW FOR USE OF U.S. MARSHAL ONLY—DO NOT WRITE BELOW THIS LIN. Serve of process indicated. Date of process indicated. Date of process indicated. Date of process indicated.	
DEFENDANT Dr. Tallman NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CON SERVE Dr. Tallman ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 1200 OHARIO Street Cleveland, otho 4413-1664 SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Number of process to be served with this Form 285 2 Number of parties to be served in this ease Check for service on U.S.A. SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses All Telephone Numbers, and Bistimated Times Available for Service): Signature of Attorney other Originator requesting service on behalf of: Jens Sylven John John Defendant SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-DO NOT WRITE BELOW THIS LIN. 1 acknowledge receipt for the total Total Process District of District to Signature of Authorized USMS Depuly or Clerk Date	951
DI. Tallman NAME OF INDIVIDUAL, COMPANY, CORPORATION. ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CON SERVE DI. Tallman ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) YOUN ON A RID. Street Cleve land, O'W 19/13-1644 SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Number of process to be served with this Form 285 2 Number of parties to be served with this Form 285 Check for service On U.S.A. SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresse All Telephone Numbers, and Estimated Times Available for Service): Signature of Attorney other Originator requesting service on behalf of: DEFENDANT SPACE BELOW FOR USE OF U.S. MARSHAL ONLY—DO NOT WRITE BELOW THIS LIN. Lacknowledge receipt for the total Total Process District of District to Signature of Authorized USMS Deputy or Clerk Date	951
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONSERVE OR INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONSERVE OR INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONSERVE OR C	951
SERVE Dr. Tallman ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 1200 Off a R10 Street Cleveloud, a Will 3-1664 SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Number of process to be served with this Form 285 2 Number of parties to be served in this case Cuyahuga Canaby Carr, Center Check for service on U.S.A. SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresse All Telephone Numbers, and Estimated Times Available for Service): Signature of Attorney other Originator requesting service on behalf of: Defendant SPACE BELOW FOR USE OF U.S. MARSHAL ONLY DO NOT WRITE BELOW THIS LIN. 1 acknowledge receipt for the total Total Process District of District to Signature of Authorized USMS Deputy or Clerk Date	951
AT ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 200 Offar No Street Cleve In., at the 44 Cl	
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Number of process to be served with this Form 285 2 Number of parties to be served with this Form 285 Rumber of parties to be served in this case Check for service on U.S.A. SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresse Atl Telephone Numbers, and Estimated Times Available for Service): Signature of Attorney other Originator requesting service on behalf of: DATE JUNE DEFENDANT SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-DO NOT WRITE BELOW THIS LIN Lacknowledge receipt for the total Total Process District of District to Signature of Authorized USMS Deputy or Clerk Date	
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Number of process to be served with this Form 285 2 Number of parties to be served with this Form 285 Runghayar Carry Car	
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses All Telephone Numbers, and Estimated Times Available for Service): Signature of Attorney other Originator requesting service on behalf of: Jens Defendant Date 1-26 SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-DO NOT WRITE BELOW THIS LING acknowledge receipt for the total Total Process District of District to Signature of Authorized USMS Deputy or Clerk Date Date Date 1-26 Date	
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresse All Telephone Numbers, and Estimated Times Available for Service): Signature of Attorney other Originator requesting service on behalf of: June Defendant DATE 1-26- SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-DO NOT WRITE BELOW THIS LINI lacknowledge receipt for the total Total Process District of District to Signature of Authorized USMS Deputy or Clerk Date	
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresse All Telephone Numbers, and Estimated Times Available for Service): Signature of Attorney other Originator requesting service on behalf of: June Defendant DATE 1-26- SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-DO NOT WRITE BELOW THIS LINI lacknowledge receipt for the total Total Process District of District to Signature of Authorized USMS Deputy or Clerk Date	
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses all Telephone Numbers, and Estimated Times Available for Service): Signature of Attorney other Originator requesting service on behalf of: Defendant Defe	
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses All Telephone Numbers, and Estimated Times Available for Service): Signature of Attorney other Originator requesting service on behalf of: Defendant Defendant Defendant	
Signature of Attorney other Originator requesting service on behalf of: Defendant Defendant	
All Telephone Numbers, and Estimated Times Available for Services! Signature of Attorney other Originator requesting service on behalf of: Defendant Defenda	
Signature of Attorney other Originator requesting service on behalf of: Defendant Date 1-26-	Fold
Signature of Attorney other Originator requesting service on behalf of: Defendant 1-26- SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-DO NOT WRITE BELOW THIS LIN. acknowledge receipt for the total Total Process District of District to Signature of Authorized USMS Deputy or Clerk Date	
Signature of Attorney other Originator requesting service on behalf of: Defendant 1-26- SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-DO NOT WRITE BELOW THIS LIN. acknowledge receipt for the total Total Process District of District to Signature of Authorized USMS Deputy or Clerk Date	
Signature of Attorney other Originator requesting service on behalf of: Defendant 1-26- SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-DO NOT WRITE BELOW THIS LIN. acknowledge receipt for the total Total Process District of District to Signature of Authorized USMS Deputy or Clerk Date	
Signature of Attorney other Originator requesting service on behalf of: Defendant 1-26- SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-DO NOT WRITE BELOW THIS LIN. acknowledge receipt for the total Total Process District of District to Signature of Authorized USMS Deputy or Clerk Date	
Signature of Attorney other Originator requesting service on behalf of: Defendant 1-26- SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-DO NOT WRITE BELOW THIS LIN. acknowledge receipt for the total Total Process District of District to Signature of Authorized USMS Deputy or Clerk Date	
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-DO NOT WRITE BELOW THIS LIN acknowledge receipt for the total Total Process District of District to Signature of Authorized USMS Deputy or Clerk Date	18
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY DO NOT WRITE BELOW THIS LIN. acknowledge receipt for the total Total Process District of District to Signature of Authorized USMS Deputy or Clerk Date	10
acknowledge receipt for the total Total Process District of District to Signature of Authorized USMS Deputy or Clerk Date	E
ABANTOWNED TO CONTRACT TO THE TOTAL THE TOTAL TO THE TOTAL THE TOTAL TO THE TOTAL THE TOTAL TO T	
	ha
Sign only for USM 285 if more han one USM 285 is submitted). No. 0 No. 0	41
have executed as shown in "Remarks", the process des	cribed
hereby certify and return that I L. have personally served, the have legal evidence of service, and have becomes in the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc., at the address shown above on the on the individual.	l below.
1 hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)	
A person of suitable age and discr	etion
then residing in defendant's usual of abode	piace
Address (complete only different than shown above) Date Time	ED.
1/1/9 9.3×	, ЦН алг Прл
Signature of U.S. Marshal or Deputy	
Signature of C.S. Maishar of Deputy	
Tital Mileses Charges Forwarding Fee Total Charges Advance Deposits Amount owed to U.S. Marshalf or	
ervice Fee Total Mileage Charges Forwarding Fee Total Charges Advance Deposits (Amount owed to U.S. Marshal* or (Amount of Refund*)	
Michaell Strategies A	
	Processing of
REMARKS:	Page 177
ted Ex	Processing of the second of th
PRIOR EDITIONS MAY	

2. USMS RECORD

3: NOTICE OF SERVICE

4: BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed, Please-ternit promptly payable to U.S. Marshal, 5. ACKNOWLEDGMENT OF RECEIPT



Dear Customer:

The following is the proof-of-delivery for tracking number **774102849640**.

Delivery Information:

Status:

Delivered

Signed for by:

Delivered to:

Shipping/Receiving

N.MCDOMAL

1215 W 3RD ST **Delivery location:**

CLEVELAND, OH 44113

Service type: Special Handling: FedEx Express Saver

Deliver Weekday

Delivery date:

Jan 4, 2019 09:38

Adult Signature Required

Shipping Information:

Tracking number:

774102849640

Ship date:

Jan 3, 2019

Weight:

0.5 lbs/0.2 kg

Recipient:

Dr. Tallman Cuyahoga County Correctional Center 1200 Ontario Street CLEVELAND, OH 44113 US

Reference

Shipper:

Susan Holland United States Marshals Service 801 W Superior Ave #1200

Cleveland, OH 44113 US

1:18CV1134

Case: 1:18-cv-01134-WHB Doc #: 9 Filed: 01/08/19 3 of 14. PageID #: 96

U.S. Department of Justice United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

	Garesea.		an esta est			
PLAINTIFF TO TO C		NEO!		COURT SE NUME		134
Jim 1. Glover &r.		U_I II	(SMS)	TYPE OF PROCESS	<i>J.</i>	
DEFENDANT \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	. \	01 0		I THE OF PROCESS		
COPPORAL BOARDANY, CORPOR	ATION ETC	TO SERVE OR DES	CRIPTION	ON OF PROPERTY TO	O SEIZE OR CON	NDEMN
	CuVi	Lacha Car	101	Correct	wool C.	20ter
SERVE J CORPBRAL WORDMAN AT ADDRESS (Street or RFD, Aparlment No., City, Sta	tate and ZJP (Code)	ALLY	1 concore	· C(R)()	
12(V) and six 54 cond		a clevela	$\lambda \nabla f$	M DIHLD	PP 1888	113.166
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME A	AND ADDRE	SS BELOW	Num	ber of process to be	7	
			serve	ed with this Form 285	1 2	
Jim T. Glover sr.			Num	ber of parties to be	11	
P.O. Box 5600			serve	ed in this case	7	
cleveland, OHIO 44101			Chec	k for service		
			on U	.S.A.	i .	
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WI	ILL ASSIST	IN EXPEDITING SE	RVICE <u>(I</u>	nclude Business and	Alternate Address	<u>es,</u>
All Telephone Numbers, and Estimated Times Available for Service):	!;					Fold
<u>1d</u>						100
• •						
·						
Signature of Attorney other Originator requesting service on behalf of:	ע־זו	PLAINTIFF	TELEPHO	ONE NUMBER	DATE	
Signature of Attorney uniter Originator requesting service on service		1	21/10	ام	4-26-	18
Jum & Dlover fr.				01-00 2)	1 /	
SPACE BELOW FOR USE OF U.S. MARS	SHAL O	NLY-DO NO	***************************************	KLLE BELOW	THIS LIN	E.
1 MCKNOWN CORE TO CONTINUE TO COME TO	District to Serve	Signature of Author	ized USN	IS Deputy or Clerk	Date	page
(Sign only for USM 285 if more	110	1	/ -	HIM	11/18	3/19
stati die Obii 200 B Stommony .	10.1/2					
I hereby certify and return that I \(\sum_{\text{have}}\) have personally served, \(\sum_{\text{have}}\) have be on the individual, company, corporation, etc., at the address shown about	legal evidence	e of service, W. have the individual, compa	executed my, corpo	as shown in "Remarks pration, etc. shown at th	s", the process des- ne address inserted	cnbed I below.
I hereby certify and return that I am unable to locate the individual,						-
Name and title of individual served (if not shown above)	, winpair, w	77014001, 010. 11411		į	able age and discr	etion
NAME and this of mulyidual served by not shown above)				then residing in	defendant's usual	place
				of abode Date	Time	
Address (complete only different than shown above)				Ne la	0.20	[] am
,	-			1411	1.50	1 pm
•				Signature of U.S. Ma	arshal or Deputy	The
		1	T-,			
Service Fee Total Mileage Charges Forwarding Fee Total including endeavors)	Charges	Advance Deposits		nt owed to U.S. Marsh unt of Refund*)		**************************************
	V				돌드라	1000
0	J			*	C)	graduated by the
REMARKS:			•			\approx
CICL					2.1% mm	•
redex						
PRINTERGORIESS 1. CLERK OF THE COURT 2. USMS RECORD				PRIOR'E	EDITIONS MAY	RE USED
3. NOTICE OF SERVICE	ENTER MALE	ant with animant			Fo	rm USM-285
 BILLING STATEMENT*: To be returned to the if any amount is owed. Pleaso remit promptly pr	ne U.S. Marsh payable to U.S	iai wiin payment, S. Marshal.			.)	Rev. 12/15/80
5. ACKNOWLEDGMENT OF RECEIPT					Aut	omated 01/00



Dear Customer:

The following is the proof-of-delivery for tracking number 774102988514.

Delivery Information:

Status:

Delivered

Signed for by:

N.MCDOMAL

Delivered to:

Shipping/Receiving

Delivery location:

1215 W 3RD ST

•

CLEVELAND, OH 44113

Service type: Special Handling: FedEx Express Saver

Deliver Weekday

Adult Signature Required

Delivery date:

Jan 4, 2019 09:38



Shipping Information:

Tracking number:

774102988514

Ship date:

Jan 3, 2019

Weight:

0.5 lbs/0.2 kg

Recipient:

Corporal Boardman
Cuyahoga County Correctional Center
1200 Ontario Street
CLEVELAND, OH 44113 US

Reference

Shipper: Susan Holland

United States Marshals Service 801 W Superior Ave

#1200

Cleveland, OH 44113 US

1:18CV1134

Case: 1:18-cv-01134-WHB Doc #: 9 Filed: 01/08/19 5 of 14. PageID #: 98

U.S. Department of Justice United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF —		0	FJUOTIO.	GOOT CASE NUMBER	* 1134
	wer Sr_	9950 IOM	2 0m 10	TYPE OF PROCESS	
DEFENDANT	mailRoom	1110 CITT	J 1111 10 20		,
NAME OF INDIVID	JAL, COMPANY, CO	RPORATION, ETC	C. TO SERVE OR DES	CRIPTION OF PROPERTY TO	SEIZE OR CONDEMN
SERVE MAIL	160 C CYC	Cauchi	iaz Coun	ty Corr Center	
AT ADDRESS (Street or	RFD, Apartment No., C	City, State and AIF	DOGE!	100 acres 1101	.u
SEND NOTICE OF SERVICE COPY TO	ORIO STI	eet - CIE	<u>UCIANO, UI</u>	Number of process to be	9 -
SEND NOTICE OF SERVICE COPT IC				served with this Form 285	
TIM T Colo	NEC	•	•	Number of parties to be	
0236844	V 4.			served in this case	
71M T. Glo 0236844 P.O. BOX 50	;O(>	•		Check for service	
: L Clevel AND	,0110,9411	3		on U.S.A.	p ² 4
SPECIAL INSTRUCTIONS OR OTHE	R INFORMATION TH	AT WILL ASSIST	IN EXPEDITING SEF	NICE (Include Business and A	ternate Addresses,
All Telephone Numbers, and Estimated	Times Available for S	ervice):			Folf
<u>'</u>					
	•				
					•
			·		
Signature of Attorney other Originator re	questing service on beh	alf of:	PLAINTIFF	TELEPHONE NUMBER	DATE
aim A Illmenh			DEFENDANT		4-26-18
SPACE BELOW FOR U	SE OF U.S. M	ARSHAL O	NLY DO NO	T WRITE BELOW	THIS LINE
	tal Process District of			ized USMS Deputy or Clerk	Date
number of process indicated, (Sign only for USM 285 if more	Origin	Serve		T AMM	
than one USM 285 is submitted)	No. LA	2 No.LU	4		
hereby certify and return that I have on the individual, company, corporation,	personally served,	have legal evidence	e of service, have	executed as shown in "Remarks" ny, corporation, etc. shown at the	the process described address inserted below.
I hereby certify and return that I am					
Name and title of individual served (if no		туюша, сотпрату,	orporation, established	· · A person of suita	ble age and discretion
Native and fille of the land agent of the	. 2007.0			then residing in d	efendant's usual place
Address (complete only different than sho	num ahawe)			Date	Time
Address (complete only different tittl sho	1911 120010)			1419	9:3× 1 pm
•		•		Signature of U.S. Ma	1 0 0
•				In	E The
Scryice Fee Total Mileage Charge	s Forwarding Fee	Total Charges	Advance Deposits	'Amount owed to U.S. Marsha	1º or 着
including endeavors)		8		(Amount of Refund*)	
8		0		[· \(\lambda \)	45 do
remarks;			·		
					The second secon
to dex					
				00100.0	DITIONIC MANY DESINOED

PHANESCORIES 1. CLERK OF THE COURT 2. USMS RECORD

3. NOTICE OF SERVICE

4: BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.

5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED



Dear Customer:

The following is the proof-of-delivery for tracking number **774103007497**.

Delivery Information:

Status:

Delivered

Delivered to:

Shipping/Receiving

Signed for by:

N.MCDOMAL

Delivery location:

1215 W 3RD ST CLEVELAND, OH 44113

Service type:

FedEx Express Saver

Delivery date:

Jan 4, 2019 09:38

Special Handling:

Deliver Weekday

Adult Signature Required

Shipping Information:

Tracking number:

774103007497

Ship date: Weight:

Jan 3, 2019

0.5 lbs/0.2 kg

Recipient:

Brian Hennessey Cuyahoga County Correctional Center 1200 Ontario Street CLEVELAND, OH 44113 US

Reference

Shipper:

Susan Holland United States Marshals Service 801 W Superior Ave #1200

Cleveland, OH 44113 US

1:18CV1134

Case: 1:18-cv-01134-WHB Doc #: 9 Filed: 01/08/19 7 of 14. PageID #: 100

U.S. Department of Justice United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF T	- 4	7,111,111,111,111,111,111		O.F.			COURT CASE NUMB	fr 11	34
716	7.6	10ver	<u> 70.</u>	V1 .		5 9	TYPE OF PROCESS	<u> </u>	
DEFENDANT		$\sim \infty$	رتع	42011	3 AM 10			•	
Corre	Colunal	74. CO. 111.	1000 LUBBL	RATION ETC	TO SERVE OR DES	CRIPTIC	ON OF PROPERTY TO	SEIZE OR CON	DEMN
NAME TOI	VIC C	A C.	11 up "=	70.10.S. S	Are Coco C	eilte	R	•	
SERVE JAK	ESS (Street or)	RFD. Apartme	nt No., City.	State and ZIP (Hy Corri C	· ·			•
A1 (12	00 C	ntari	0 Stre	જ્મેં €/હ	40 buplou	NO 4	19113		
END NOTICE OF SERV							per of process to be	0	
						serve	d with this Form 285	2	
	, T. (S)		16. OX	36099	•	Numi	per of parties to be	1 .	
	BOX 56						d in this case	6	
	ahoga c			me.			l. C		 .
i ele	, bus La	OHIOY	14113			on U.	k for service S.A.	٠٠.	•
	*************		~~ <i>~~~~</i>	***************************************	**************************		4 1		***************************************
PECIAL INSTRUCTION	NS OR OTHER	INFORMAT	ION THAT	WILL ASSIST	IN EXPEDITING SE	RVICE (<u>I</u>	nclude Business and A	<u>Hernale Adaresse</u>	5 1
Il Telephone Numbers,	ana Bsammea	1 (тез Ачини	ite joi des va	-cj•					Fold
	•								
		•							
gnature of Attorney othe	0-1-1-1-1	wasting samio	= on hehalf c	·	PLAINTIFF	TELEPHO	NE NUMBER	DATE	
gnature of Attorney office	r Originator req	Incernig set Are	c on conmi		DEFENDANT			4-26-1	8
Jim t the	ver s	<u> </u>						<u> </u>	
SPACE BELOY	V FOR U	se of u	.s. maf	SHAL O	NLY DO NO	T W	TITE BELOW	THIS LIM	<u> </u>
icknowledge receipt for t	he total Total	al Process D	istrict of	District to	Signature of Author	ized USN	1S Deputy or Clerk	Date	
mber of process indicate		. 0	rigin	Serve)	amo	1 2	119
ign only for USM 285 if i an one USM 285 is subm		и	o. <u>UU</u>	No. LL	1	Marriera	10 0		#=
ereby certify and return	that I have	nersonally ser	ved hav	e legal evidenc	e of service, have	executed	as shown in "Remarks	", the process desc	ribed
ereby certify and return the individual, compan	y, corporation,	etc., at the add	ress shown a	bove on the on	the individual, comp	any, corpo	oration, etc. shown at th	e address inserted	below.
I hereby certify and re	turn that I am u	nable to locate	e the individu	ual, company, c	orporation, etc. named	above (S	ee remarks below)		
arne and title of individua						•	A person of suit	able age and discre	tion
			i				then residing in of abode	defendant's usual p	Hace
	Toward than show	un akonal					Date	Time	Α
ddress (complete only dif	erent man snoi	rii uoorej					1/1/10	9:38	∐ am □ pm
	•			•				71.00	
٠							Signature of U.S. Mi	ershal or Deputy	Name and Park Street, or other Parks
									N3
	lileage Charges	Forwarding	Fee To	ial Charges	Advance Deposits		nt owed to U.S. Marsh unt of Refund*)		CD CD
includii	ng endeavors)		1.	8.			(/	-550	
Ŏ							<u> </u>		400
MARKS:		•				•		ASS.	ф.
								울종골	. Tom
-od Ex							• •	4 -0	- Like
	EDV OF THE	COLIET					PRIOR'I	EDITIONS MAY	BE USED
	LERK OF THE								\aleph

NOTICE OF SERVICE
 BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
 ACKNOWLEDGMENT OF RECEIPT



Dear Customer:

The following is the proof-of-delivery for tracking number **774103314052**.

Delivery Information:

Status:

Delivered

Delivered to:

Shipping/Receiving

Signed for by:

N.MCDOMAL

Delivery location:

1215 W 3RD ST

CLEVELAND, OH 44113

Service type:

FedEx Express Saver

Delivery date:

Jan 4, 2019 09:38

Special Handling:

Deliver Weekday

Adult Signature Required

Shipping Information:

Tracking number:

774103314052

Ship date:

Jan 3, 2019

Weight:

0.5 lbs/0.2 kg

Recipient:

Correctional Officer Iroin Cuyahoga County Correctional Center 1200 Ontario Street CLEVELAND, OH 44113 US

Reference

Shipper:

Susan Holland United States Marshals Service 801 W Superior Ave #1200 Cleveland, OH 44113 US

1:18CV1134

Case: 1:18-cv-01134-WHB Doc #: 9 Filed: 01/08/19 9 of 14. PageID #: 102

J.S. Department of Justice United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

	Service Control of the Control of th		ROSHAMBO	yeren g	SESPSS	COURT CASE NUMB	ED	
PLAINTIFF	Jim T. Gl	sver Sr.	D	EPARTA EL	. 6	TO AA	1	34
DEFENDANT	٨ ,	0100	(OF JUGTINE	-	TYPE OF PROCESS		
7	ruse hal	KCIH C	newtral Hea	JANKN T		4	•	
	NAME OF INDIVIDU	IAL, COMPANY, CO	RPORATION. ET	TO SERVE OR DI	ESCRIPT	ON OF PROPERTY TO	SEIZE OR CO	1DEMN
SERVE	1 NURSE LAC	RACÍA C	sunty Cuy	Alwayon Co	rr, C	enter		
AT	ADDRESS (Street or)	RFD, Apartment No.,	City, State and ZIP	Sode)		11110 0.11		•
	NURSE LACE ADDRESS (Street or I	tario Sta	reel clev	eland, OH	10 01	4113-1664		
SEND NOTICE	OF SERVICE COPY TO	REQUESTER AT N	AME AND ADDRI	ESS BELOW		nber of process to be		
			 			ed with this Form 285	2	
	Jin T. Clou	ec 10, 02	36844 .	٠	 			
,	Park 54	άĎ				nber of parties to be red in this case	6	
	P.O. BOX, 56 eugahuga Co	unty Corr. Ce	ster.				Ψ	
•	cleveland	CHW 44113-1	664		Che	ck for service		٠.
	· ·				on l	J.S.A.	,	•
CDECIAL INC	TRUCTIONS OR OTHER	INFORMATION TE	IAT WILL ASSIST	IN EXPEDITING SI	ERVICE	: (Include Business and A	lternate Address	<u>eş.</u>
All Telephone.	Numbers, and Estimated	Times Available for S	'ervice):					
એ ઇ								Fold
	٠.							
		•						
•								
Signature of Att	orney other Originator requ	sesting service on bel	ialf of:	PLAINTIFF	TELEPH	ONE NUMBER	DATE	
	tillover M.	J	<u> </u>	DEFENDANT			4-26-	18
			: _ '					
SPACEI	BELOW FOR US	se of u.s. m	ARSHAL O	NLY DO N	OTW	RITE BELOW	THIS LIN	E
I acknowledge re	eceipt for the total Tota	Process District of	District to	Signature of Author	orized US	MS Deputy or Clerk	Date	1
number of proce	ss indicated.	Origin	Serve			JAKK		2/10
(Sign only for Ush than one USM 2)		No. L	No. 00	hu		Maria	146	7/17
	and return that I have p	¥7	L land midden	o of agrice M have	e evecute	as shown in "Remarks"	the process des	cribed
I hereby certify a on the individual	and return that I L have p i, company, corporation, e	tc., at the address sho	wn above on the on	the individual, comp	oany, corp	poration, etc. shown at the	e address inserted	l below.
1 hereby cer	tify and return that I am ur	rable to locate the ind	ividual, company, c	orporation, etc. name	d above (See remarks below)		
	f individual served (if not s				•	A person of suita	ble age and discr	etion
		;				then residing in d of abode	lefendant's usual	place
Address (comple	te only different than show	n above)				Date	Time	m am
		•				Mulia	9.28	pm pm
	•		•				1,20	
•						Signature of U.S. Ma	rshal or Daputy	SERVICE SECTION AND ADMINISTRATION OF THE PERSON OF THE PE
						- June C	P-1	
Service Fee	Total Mileage Charges	Forwarding Fee	Total Charges	Advance Deposits		unt owed to U.S. Marsha	l* or	
0	including endeavors)		C		(Amo	ount of Refund*)		
8			Ŏ.		٠.	0		
REMARKS:					•			Pos
CIC	*					• *	220	·
TPAI	Υ.							~ 6 -L(FB)

1. CLERK OF THE COURT 2. USMS RECORD

3: NOTICE OF SERVICE

4: BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed, Please remit promptly payable to U.S. Marshal, 5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED



Dear Customer:

The following is the proof-of-delivery for tracking number 774103329938.

Delivery Information:

Status:

Delivered

Signed for by:

N.MCDOMAL

Delivered to:

Shipping/Receiving

_

Delivery location:

1215 W 3RD ST

CLEVELAND, OH 44113

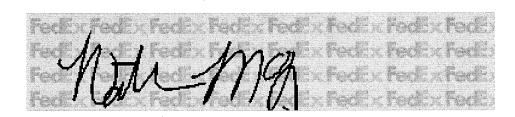
Service type: Special Handling: FedEx Express Saver

Deliver Weekday

Adult Signature Required

Delivery date:

Jan 4, 2019 09:38



Shipping Information:

Tracking number:

774103329938

Ship date:

Jan 3, 2019

Weight:

0.5 lbs/0.2 kg

Recipient:

Nurse LaGarcia Cuyahoga County Correctional Center 1200 Ontario Street CLEVELAND, OH 44113 US

Reference

Shipper:

Susan Holland United States Marshals Service 801 W Superior Ave #1200

Cleveland, OH 44113 US

1:18CV1134

Case: 1:18-cv-01134-WHB Doc#: 9 Filed: 01/08/19 11 of 14. PageID #: 104

U.S. Department of Justice United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

	全国企业发展的企业	CONTRACTOR OF THE SECOND SECON			DOCE PROPERTY	OOLD T CASE NI IVO	CD	
PLAINTIFF -	Jim T.Gl	over 1	r. (of audinge	•	QURT CASE NUMB	113	4
DEFENDANT (Correction	nal office	ce c 201 he	₩ 3 EM:	19 11	TYPE OF PROCESS	, , ,	
	MANE OF MOUNDI	IAL COMPANY CO	PROPORATION, ETC	TO SERVE OR DE	SCRIPTIC	ON OF PROPERTY TO	SEIZE OR CON	IDEMN
sėrve)	College [love OF (DUCHU Jail	CUURN	cogon (Lounty Sa	<u> </u>	
TA	ADDRESS (Street or I	RFD, Apartment No.,	City, State and ZIP C	.oae)	•			,
,,, A	12000	Hacio St	Leef CL	LVILANIE,				
SEND NOTICE	OF SERVICE COPY TO	REQUESTER AT N	AME AND ADDRE	SS BELOW		ber of process to be d with this Form 285	2	
	Jim T. Gli		•	• . •		ber of parties to be d in this case	(0	
•	P.O. BOX S Cuyahqa G	6(X)	o Are				<u> </u>	
• 1	Cheveland	ishin 4411	3		Chec on U.	k for service S.A.		
SPECIAL INSTI	RUCTIONS OR OTHER	qaranoveaavaq>d>=rozava <vz;rodame=qar< td=""><td></td><td>IN EXPEDITING SE</td><td>RVICE (<u>[</u></td><td>nclude Business and A</td><td><u>Iternate Addresse</u></td><td><u>25,</u></td></vz;rodame=qar<>		IN EXPEDITING SE	RVICE (<u>[</u>	nclude Business and A	<u>Iternate Addresse</u>	<u>25,</u>
All Telephone N	lumbers, and Estimated	Times Available for S	Service):					Fold
•								
	•	i			•			
		•						
ignature of Attor	mey other Originator req	uesting service on bel	nalf of:	PLAINTIFF	TELEPHO	NE NUMBER	DATE	
Jim or	6 Gloves	41		DEFENDANT			4-26-	
SPACE B	ELOW FOR U	SE OF U.S. M	CARSHAL O				THIS LIN	E
acknowledge reconstruction of processing only for US. than one USM 28.	s indicated. M 285 if more	District of Origin	f District to Serve	Signature of Autho	rized USM	1S Deputy or Clerk	Date	3/19
hereby certify ar n the individual ,	nd return that I have p	personally served, Lite, at the address sho	have legal evidence own above on the on	e of service, have the individual, comp	executed any, corpo	as shown in "Remarks' tration, etc. shown at th	, the process des e address inserted	below.
hereby cert	ify and return that I am u	nable to locate the inc	lividual, company, o	orporation, etc. name	d above (S	'ee remarks below)		
	individual served (if not.				-	A person of suita	ible age and discretefendant's usual	etion place
ddraer (complete	e only different than show	un ahove)				Date	Time	<u> </u>
adross (complete						1419	9:38	pm pm
•			•			Signature of U.S. Ma	rshal or Deputy	1
						Ym	上档	12
	1	1	17.10	Advance Deposits	1.7 mon	nt owed to U.S. Marsha	l* or	E63
envice Fee	Total Mileage Charges including endeavors)	Forwarding Fee	Total Charges	Anymice Deposits		unt of Refund*)		Andrews Andrews Andrews Andrews
Ch (A DIVO:					!		D 3 3	
emarks:							595	
FOREN	· -			,		•1	92	Annual An
	3 1. CLERK OF THE	COURT				PRIOR'E	DITIONS MAY	BE USED
VALUE BEEN BLANK	NA I. CEENIX OF THE	~~ ~ · · · ·						

2. USMS RECORD

3: NOTICE OF SERVICE

NOTICE OF SERVICE
 BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please-remit promptly payable to U.S. Marshal.
 ACKNOWLEDGMENT OF RECEIPT



Dear Customer:

The following is the proof-of-delivery for tracking number 774103355626.

Delivery Information:

Status:

Delivered

Signed for by:

N.MCDOMAL

Delivered to:

Shipping/Receiving

Delivery location:

1215 W 3RD ST

CLEVELAND, OH 44113

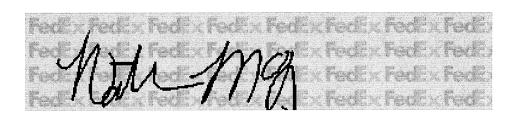
Service type: Special Handling: FedEx Express Saver

Deliver Weekday

Adult Signature Required

Delivery date:

Jan 4, 2019 09:38



Shipping Information:

Tracking number:

774103355626

Ship date:

Jan 3, 2019

Weight:

0.5 lbs/0.2 kg

Recipient:

Correctional Officer Neic Cuyahoga County Correctional Center 1200 Ontario Street CLEVELAND, OH 44113 US

Reference

Shipper:

Susan Holland United States Marshals Service 801 W Superior Ave #1200

Cleveland, OH 44113 US

1:18CV1134

Case: 1:18-cv-01134-WHB Doc #: 9 Filed: 01/08/19 13 of 14. PageID #: 106

U.S. Department of Justice United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF Jim T. Glover Jr. OF JUSTICE 7 9 P. P.	
	12/
Corporal Robinson 2019 JAYOFLOW ARXIN SWALL TYPE OF PROCESS .	DENOI
NAME OF INDIVIDUAL, COMPANY, CORPORATION. ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CON	DEMIN
SERVE CUYAhaya County Correctional Frante (AT) ADDRESS (Street or RFD, Aparlment No., City, State and ZIP Code)	
1200 extacts streets cleveland Othio 94113-1669	
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Number of process to be served with this Form 285	
Jim T. Glove 7, 0236894 Number of parties to be served in this case	
Probab 5600 Cuyuga County Correctional Center Check for service	
Check for service on U.S.A.	
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresse All Telephone Numbers, and Estimated Times Available for Service):	<u>s,</u>
All Telephone Numbers, and Estimated Times Stratable for the 1909.	Fold
•	
Signature of Attorney other Originator requesting service on behalf of: PLAINTIFF TELEPHONE NUMBER OF 200	18
Jim & Blover M. DEFENDANT 219801-0021 PCG	
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-DO NOT WRITE BELOW THIS LINE	3
acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more Total Process District of Origin Serve Signature of Authorized USMS Deputy or Clerk Date	19
than one USM 285 is submitted) No. No. No.	+
hereby certify and return that I have personally served, have legal evidence of service. I have executed as shown in "Remarks", the process descond the individual, company, corporation, etc. shown at the address inserted on the individual, company, corporation, etc., at the address inserted	below.
l hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above local remarks belowy	
I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below) A person of suitable age and discrete the nestiding in defendant's usual properties of abode	olace
Value and title of individual served (if not shown above) A person of suitable age and discreting in defendant's usual professional pr	olace
Name and title of individual served (if not shown above) A person of suitable age and discreting in defendant's usual professional pro	etion place am pm
Name and title of individual served (if not shown above) A person of suitable age and discreting in defendant's usual properties of abode	am [] am
Name and title of individual served (if not shown above) A person of suitable age and discreting in defendant's usual postabode Date Time Signature of U.S. Marshal or Deputy	am [] am
Name and title of individual served (if not shown above) A person of suitable age and discreting in defendant's usual postable Address (complete only different than shown above) Date Time Signature of U.S. Marshal or Deputy	am [] am
Name and title of individual served (if not shown above) A person of suitable age and discreting in defendant's usual postabode Date Time Signature of U.S. Marshal or Deputy Service Fee Total Mileage Charges Forwarding Fee Total Charges Advance Deposits Amount owed to U.S. Marshal* or Charges Advance Deposits (Amount owed to U.S. Marshal* or Charges (Amount of Refund))	am [] am
Name and title of individual served (if not shown above) A person of suitable age and discrete then residing in defendant's usual postabode Date Time Signature of U.S. Marshal or Deputy Service Fee Total Mileage Charges including endeavors) Forwarding Fee Total Charges Advance Deposits Amount owed to U.S. Marshal* or (Amount of Refund*)	am [] am
Name and title of individual served (if not shown above) A person of suitable age and discretinen residing in defendant's usual postabode Date Time Signature of U.S. Marshal or Deputy Service Fee Total Mileage Charges including endeavors) Forwarding Fee Total Charges Advance Deposits Amount owed to U.S. Marshal* or (Amount of Refund*)	am [] am
Name and title of individual served (if not shown above) A person of suitable age and discreting in defendant's usual postabode Date Time Signature of U.S. Marshal or Deputy Service Fee Total Mileage Charges Forwarding Fee Total Charges Advance Deposits Amount owed to U.S. Marshal* or Charges Advance Deposits Amount of Refund?	pm pm

3: NOTICE OF SERVICE
4: BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please-ternit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT



Dear Customer:

The following is the proof-of-delivery for tracking number **774103389061**.

Delivery Information:

Status:

Delivered

Signed for by:

Delivered to:

Shipping/Receiving

N.MCDOMAL

Delivery location:

1215 W 3RD ST

CLEVELAND, OH 44113

Service type: Special Handling: FedEx Express Saver

Deliver Weekday

Adult Signature Required

Delivery date:

Jan 4, 2019 09:38



Shipping Information:

Tracking number:

774103389061

Ship date:

Jan 3, 2019

Weight:

0.5 lbs/0.2 kg

Recipient:

Corporal Robinson Cuyahoga County Correctional Center 1200 Ontario Street CLEVELAND, OH 44113 US

Reference

Shipper:

Susan Holland United States Marshals Service 801 W Superior Ave #1200

Cleveland, OH 44113 US

1:18CV1134